



July 19, 2016

HAND-DELIVERED

Deanna Austin
Dept of Environmental Quality
5636 Southern Blvd
Virginia Beach, VA 23462

RE: Atlantic STP VA0081248 VPDES Permit Reissuance Application

Dear Mrs. Austin,

Enclosed is the Atlantic STP VPDES permit application package along with a flash drive containing a copy of the contents of the package. In addition to the required DEQ forms, HRSD has included two attachments to address specific issues in the proposed permit.

The first attachment includes a summary of the acute toxicity tests. All of the ten tests indicated no toxicity in the effluent.

Attachment 2 is a review of the toxics data. None of the parameters monitored for the permit application indicated a reasonable potential to exceed water quality standards.

Additionally, landowner agreements and site book details for the VPDES Sewage Sludge Permit Application Form, as well as an electronic copy of the pages provided in this packet, are being submitted in a flash drive for your convenience. The electronic submittal includes several new sites, identified on the ATP VPDES HRSD Permitted Sites list provided in section C.1 with a begin date of January 1, 2017.

Please contact me immediately if you have any questions or desire supplemental information.

Sincerely,

A handwritten signature in black ink, appearing to read "Jamie Heisig-Mitchell". The signature is fluid and cursive, with the first name "Jamie" being more prominent.

Jamie Heisig-Mitchell
Chief of Technical Services Division

Enclosures

Water Quality Department • PO Box 5911, Virginia Beach, VA 23471-0911 • 757.460.7004

Commissioners: Frederick N. Elofson, CPA, Chair • Maurice P. Lynch, PhD, Vice-Chair • Vishnu K. Lakdawala, PhD
Michael E. Glenn • Arthur C. Bredemeyer • Stephen C. Rodriguez • Susan M. Rotkis • Willie Levenston, Jr.
www.hrsd.com

Plant Toxicity Test Data Review

HRSD has completed acute monitoring required of the permit and permit application. Chronic testing is not required for this permit. The results of acute monitoring are as follows.

Date(s)	Species	LC50 (%) (Permit \geq 3%)	TU _a (Permit \leq 33)	Survival In 11.2%
09/14/12	<i>A.bahia</i>	> 11.2	< 8.9	90
09/14/12	<i>C. variegatus</i>	> 11.2	< 8.9	100
10/23/13	<i>A.bahia</i>	> 11.2	< 8.9	100
10/23/13	<i>C. variegatus</i>	> 11.2	< 8.9	100
11/19/14	<i>A.bahia</i>	> 11.2	< 8.9	100
11/19/14	<i>C. variegatus</i>	> 11.2	< 8.9	100
06/17/15	<i>A.bahia</i>	> 11.2	< 8.9	100
06/17/15	<i>C. variegatus</i>	> 11.2	< 8.9	100
03/16/16	<i>A.bahia</i>	> 11.2	< 8.9	100
03/16/16	<i>C. variegatus</i>	> 11.2	< 8.9	100

The decision criterion of the current permit requires that the acute LC50 for these tests must be greater than 3% effluent with a Toxic Unit equivalency (TU_a) of ≤ 33 . This requirement has been met in every case. The 3% effluent acute decision criterion was based on an estimate of initial dilution of 109:1, approved upon expansion of the plant in prior permit cycle.

Plant Toxics Data Review

The final effluent data collected for the Atlantic Treatment Plant 2016 VPDES permit application did not yield quantifiable concentrations of metals or organics with the exception of those listed in the table below.

Parameter	Average Concentration	Maximum Concentration	Most Limiting Waste Load Allocation ¹
Ammonia	33.6 mg/L	38.5 mg/L	50 mg/L
Cyanide	4 µg/L	12 µg/L	27 µg/L
Nickel, dissolved	0.9 µg/L	2.7 µg/L	1.5 x 10 ³ µg/L

¹ Waste load allocations based on information provided in the Fact Sheet for the current permit.

The results for ammonia have a final effluent average of 33.6 mg/L with a maximum concentration of 38.5 mg/L. Using the available data, the results demonstrate that there is no need for a permit limit for ammonia (see STATS.EXE output on the following page).

The results for cyanide have a final effluent average value of 4 µg/L with a maximum concentration of 12 µg/L. Using available data, the results demonstrate that there is no need for a permit limit for cyanide (see STATS.EXE output on the following page).

The results for dissolved nickel have a final effluent average value of 0.9 µg/L with a maximum concentration of 2.7 µg/L. Using available data, the results demonstrate that there is no need for a permit limit for dissolved nickel (see STATS.EXE output on the following page).

In summary limits for ammonia, cyanide and dissolved nickel will not be required.

6/22/2016 3:56:48 PM

Facility = Atlantic Treatment Plant

Chemical = Cyanide

Chronic averaging period = 4

WLAa = 27

WLAc = 190

Q.L. = 5

samples/mo. = 1

samples/wk. = 1

Summary of Statistics:

observations = 3

Expected Value = 4.63874

Variance = 7.74646

C.V. = 0.6

97th percentile daily values = 11.2880

97th percentile 4 day average = 7.71789

97th percentile 30 day average = 5.59457

< Q.L. = 2

Model used = BPJ Assumptions, Type 1 data

No Limit is required for this material

The data are:

12

0

0

6/22/2016 12:10:45 PM

Facility = Atlantic Treatment Plant
Chemical = Nickel
Chronic averaging period = 4
WLAa = 2000
WLAc = 1500
Q.L. = 2
samples/mo. = 1
samples/wk. = 1

Summary of Statistics:

observations = 3
Expected Value = 1.85549
Variance = 1.23943
C.V. = 0.6
97th percentile daily values = 4.51520
97th percentile 4 day average = 3.08715
97th percentile 30 day average = 2.23782
< Q.L. = 2
Model used = BPJ Assumptions, Type 1 data

No Limit is required for this material

The data are:

0
2.7
0

7/8/2016 8:13:33 AM

Facility = Atlantic Treatment Plant

Chemical = Ammonia

Chronic averaging period = 30

WLAa = 59

WLAc = 50

Q.L. = 2

samples/mo. = 1

samples/wk. = 1

Summary of Statistics:

observations = 10

Expected Value = 33.5749

Variance = 4.16788

C.V. = 6.080536

97th percentile daily values = 37.5699

97th percentile 4 day average = 35.5341

97th percentile 30 day average = 34.2760

< Q.L. = 0

Model used = lognormal

No Limit is required for this material

The data are:

31
38.5
32.5
32.6
33.4
33.9
33.9
32.8
31.8
35.3

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER			
		S		T/A C			
		F		D			
		1 2		13 14 15			
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS			
I. EPA I.D. NUMBER				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.			
III. FACILITY NAME							
V. FACILITY MAILING ADDRESS							
VI. FACILITY LOCATION							
II. POLLUTANT CHARACTERISTICS							
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms .							
SPECIFIC QUESTIONS		Mark "X"		Mark "X"			
		YES	NO	FORM ATTACHED	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S. ? (FORM 2A)		X		X			
		16	17	18		19	20 21
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)			X			X	
		22	23	24		25	26 27
E. Does or will this facility treat, store, or dispose of hazardous wastes ? (FORM 3)		X				X	
		28	29	30		31	32 33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			X			X	
		34	35	36		37	38 39
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X			X	
		40	41	42		43	44 45
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)							
III. NAME OF FACILITY							
C SKIP HRSD-ATLANTIC STP							
1 15 16 - 29 30 69							
IV. FACILITY CONTACT							
A. NAME & TITLE (last, first, & title)							
B. PHONE (area code & no.)							
C 2 JAMIE HEISIG-MITCHELL CHIEF OF TECHNICAL SERVICES (757) 460-4220							
15 16 45 46 48 49 51 52- 55							
V. FACILITY MAILING ADDRESS							
A. STREET OR P.O. BOX							
C 3 1434 AIR RAIL AVENUE							
15 16 45							
B. CITY OR TOWN							
C. STATE							
D. ZIP CODE							
C 4 VIRGINIA BEACH VA 23455							
15 16 40 41 42 47 51							
VI. FACILITY LOCATION							
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER							
C 5 645 FIREFALL DRIVE							
15 16 45							
B. COUNTY NAME							
46 70							
C. CITY OR TOWN							
D. STATE							
E. ZIP CODE							
F. COUNTY CODE (if known)							
C 6 VIRGINIA BEACH VA 23454							
15 16 40 41 42 47 51 52 -54							

VII. SIC CODES (4-digit, in order of priority)

15		15		15	
VIII. OPERATOR INFORMATION					

F. CITY OR TOWN															G. STATE		H. ZIP CODE		IX. INDIAN LAND	
C																				
B	VIRGINIA BEACH														VA		23455		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15	16														40	41	42	47	51	52

XI. MAP	
<p>Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.</p>	

XIII. CERTIFICATION (see instructions)	
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A. NAME & OFFICIAL TITLE <i>(type or print)</i> EDWARD G. HENIFIN GENERAL MANAGER	B. SIGNATURE 	C. DATE SIGNED 7/19/201
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COMMENTS FOR OFFICIAL USE ONLY																																								
c																																								
C																																								
15	16																													55										

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Hampton Roads Sanitation District

Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Yes ☒ No ☐

3. **Provide the tax map parcel number for the land where the discharge is located.** Dam Neck Par B, C
68.661 AC

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** 3 acres

5. **What is the design average effluent flow of this facility?** 54 MGD

For industrial facilities, provide the max. 30-day average production level, include units:

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes ☐ No ☒

If "Yes", please identify the other flow tiers (in MGD) or production levels:

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. **Nature of operations generating wastewater:**

Domestic and industrial

98 % of flow from domestic connections/sources

Number of private residences to be served by the treatment works: Population 343,016

2 % of flow from non-domestic connections/sources

7. **Mode of discharge:** ☒ Continuous ☐ Intermittent ☐ Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**

☐ Permanent stream, never dry

☐ Intermittent stream, usually flowing, sometimes dry

☐ Ephemeral stream, wet-weather flow, often dry

☐ Effluent-dependent stream, usually or always dry without effluent flow

☐ Lake or pond at or below the discharge point

☒ Other: Ocean

9. **Approval Date(s):**

O & M Manual 04/10/2012

Sludge/Solids Management Plan 04/10/2012

Have there been any changes in your operations or procedures since the above approval dates? Yes ☒ No ☐

FACILITY NAME AND PERMIT NUMBER:

Atlantic STP VA0081248

Form Approved 1/14/99
OMB Number 2040-0086

FORM
2A
NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

- A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to provide the information.
- E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

Form Approved 1/14/99
OMB Number 2040-0086


BASIC APPLICATION INFORMATION

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

Facility name	<u>Atlantic STP</u>
Mailing Address	<u>1434 Air Rail Avenue</u> <u>Virginia Beach, VA 23455</u>
Contact person	<u>Jamie Heisig-Mitchell</u>
Title	<u>Chief of Technical Services Division</u>
Telephone number	<u>(757) 460-4220</u>
Facility Address (not P.O. Box)	<u>645 Firefall Drive</u> <u>Virginia Beach, VA 23454</u>

Applicant name	<u>Hampton Roads Sanitation District</u>
Mailing Address	<u>1434 Air Rail Avenue</u> <u>Virginia Beach, VA 23455</u>
Contact person	<u>Jamie Heisig-Mitchell</u>
Title	<u>Chief of Technical Services Division</u>
Telephone number	(757) 460-4220

owner operator

facility  applicant

NPDES	<u>VA0081248</u>	PSD	<u></u>
UIC	<u></u>	Other	<u>DEQ-Air 60959</u>
RCRA	<u>VAD980720353</u>	Other	<u></u>

Name	Population Served	Type of Collection System	Ownership
<u>Virginia Beach</u>	<u>281,832</u>	<u>separate</u>	<u>municipal/HRSD</u>
<u>Chesapeake</u>	<u>61,184</u>	<u>separate</u>	<u>municipal/HRSD</u>
Total population served	343,016		

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

Atlantic STP VA0081248

A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No**A.6. Flow.** Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

June-May

- a. Design flow rate
- 54
- mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>
b. Annual average daily flow rate	<u>25.80</u>	<u>30.71</u>	<u>27.31</u> mgd
c. Maximum daily flow rate	<u>36.83</u>	<u>55.11</u>	<u>44.46</u> mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 100 %

☐ Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.?

☒ Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent _____

iii. Combined sewer overflow points _____

iv. Constructed emergency overflows (prior to the headworks) _____

v. Other _____

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?

☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge ☐ continuous or ☐ intermittent?

- c. Does the treatment works land-apply treated wastewater?

☐ Yes ☒ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application ☐ continuous or ☐ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?

☐ Yes ☒ No

FACILITY NAME AND PERMIT NUMBER:

Atlantic STP VA0081248

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If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____

mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

_____ Yes

_____ ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method: _____

Is disposal through this method _____

continuous or

_____ intermittent?

FACILITY NAME AND PERMIT NUMBER:

Atlantic STP VA0081248

Form Approved 1/14/99
OMB Number 2040-0086

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

- a. Outfall number 001
- b. Location Virginia Beach 23454
(City or town, if applicable) (Zip Code)
Virginia
(County) (State)
36 47' 12" 75 55' 37"
(Latitude) (Longitude)
- c. Distance from shore (if applicable) 9510 ft.
- d. Depth below surface (if applicable) 28 ft.
- e. Average daily flow rate 27.31 mgd
- f. Does this outfall have either an intermittent or a periodic discharge? Yes ☒ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: _____
- Average duration of each discharge: _____
- Average flow per discharge: _____ mgd
- Months in which discharge occurs: _____
- g. Is outfall equipped with a diffuser? ☒ Yes No

A.10. Description of Receiving Waters.

- a. Name of receiving water Atlantic Ocean
- b. Name of watershed (if known) _____
- United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin (if known): _____
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____
- d. Critical low flow of receiving stream (if applicable):
acute not applicable cfs chronic not applicable cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): not applicable mg/l of CaCO₃

FACILITY NAME AND PERMIT NUMBER:

Atlantic STP VA0081248

Form Approved 1/14/99
OMB Number 2040-0086

A.11. Description of Treatment.

- a. What levels of treatment are provided? Check all that apply.

☐ Primary☒ Secondary☐ Advanced☐ Other. Describe: _____

- b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal 85 %Design SS removal 85 %Design P removal NA %Design N removal NA %

Other _____ %

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

hypochlorite solution

If disinfection is by chlorination, is dechlorination used for this outfall?

☐ Yes☒ No

- d. Does the treatment plant have post aeration?

☐ Yes☒ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

February 2014- May 2016; Temperature 2015 only

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.2	s.u.			
pH (Maximum)	7.4	s.u.			
Flow Rate	55.11	mgd	28.66	mgd	continuous
Temperature (Winter)	23	Centigrade	16	Celsius	92
Temperature (Summer)	28	Centigrade	27	Celsius	92

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL Report Limit
	Conc.	Units	Conc.	Units	Number of Samples		

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	87	mg/l	11	mg/l	608	SM5210B	2
	CBOD-5							
FECAL COLIFORM		460	#/100 ml	3	#/100 ml	119	SM 9222D	1
TOTAL SUSPENDED SOLIDS (TSS)		66.0	mg/l	10.2	mg/l	615	SM2540D	1.0

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Atlantic STP VA0081248

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

_____ unknown_gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

HRSD is under an EPA Consent Decree for upgrading the interceptor system.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ____Yes ☒ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

Telephone Number: _____

Responsibilities of Contractor: _____

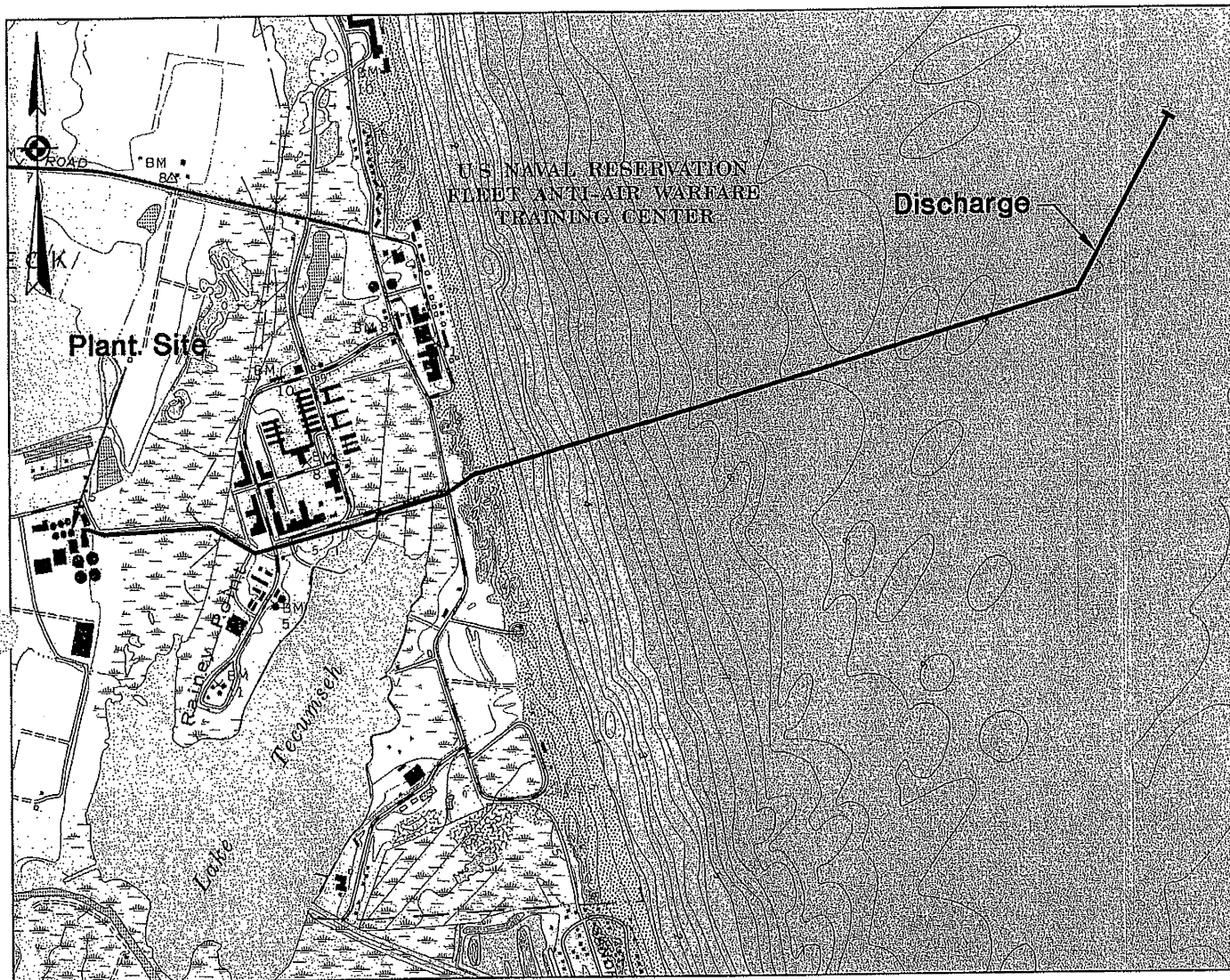
B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

NA

- b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

____Yes ____No



Location Map
for
Atlantic TP

June 2003

Scale: 1"-2000'

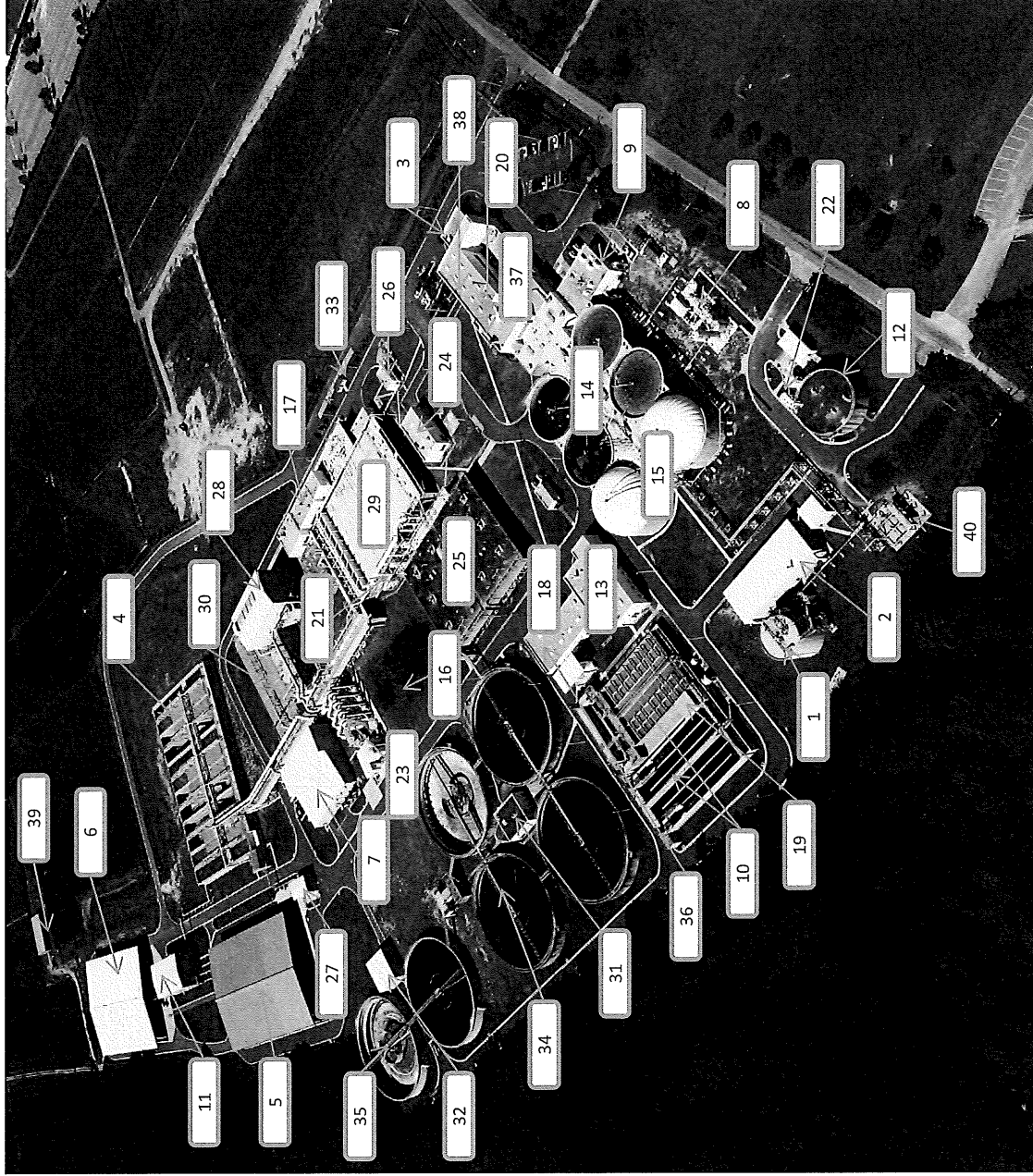
USGS Map Reference

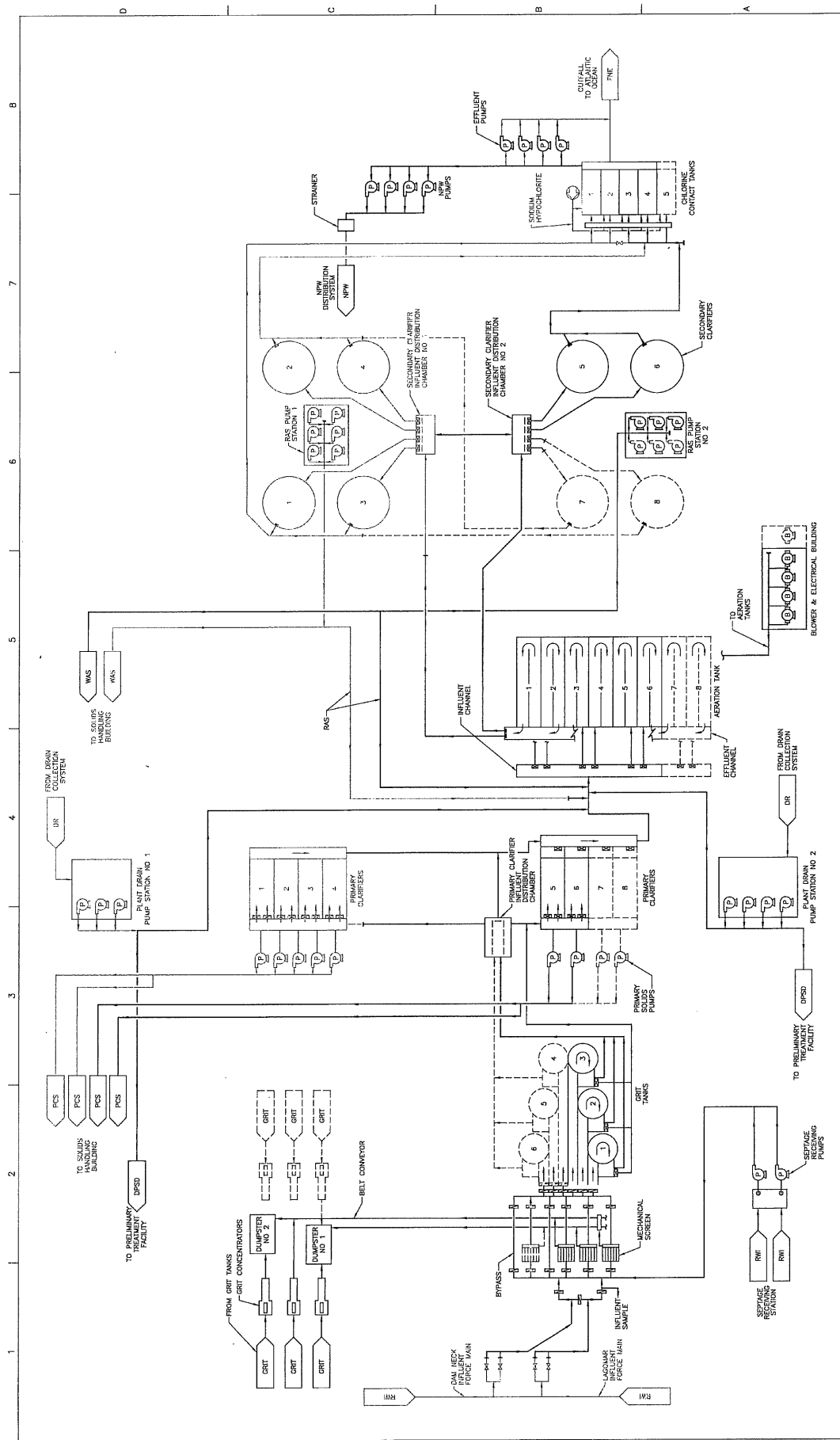
HRSD Atlantic Treatment Plant

645 Firefall Drive
Virginia Beach, VA 23454
757-821-7401

Facilities Directory

1. Acid Phase Digester
2. Acid Phase Digester Pumps and Boilers
3. Administration Building
4. Aeration Tanks 1 – 6
5. Biosolids Storage Pad No. 1
6. Biosolids Storage Pad No. 2
7. Blower – Electric Building
8. CHP – Biogas Cleaning System
9. CHP – Biogas Electric Generators
10. Contact Tanks 1 – 4
11. Dewatering Building
12. DSST Tank and Pump Station
13. Final Effluent Pumping Bldg
14. Gas Phase Digesters 1 – 4
15. Gas Phase Dystor Digesters 5 & 6
16. Grave Yard
17. Headworks 1983 & 1987
18. Hypochlorite Storage & Pumping
19. NPW Pump Station
20. Odor Control Station A
21. Odor Control Station B
22. Odor Control Station C
23. Odor Control Station D
24. Oxygen Plant (Out of Service)
25. Oxygen Aeration Tanks (Out of Service)
26. Plant Pump Station No. 1
27. Plant Pump Station No. 2
28. Preliminary Treatment Facility
29. Primary Clarifiers 1 – 4
30. Primary Clarifiers 5 & 6
31. RAS Pump Station No. 1
32. RAS Pump Station No. 2
33. Scale House
34. Secondary Clarifiers 1 – 4
35. Secondary Clarifiers 5 & 6
36. Sewage Treatment Shop
37. Solids Handling Building
38. Solids Handling Shop
39. Ware House
40. Waste Gas Flares





PROJECT MANAGER: W. M. COY

DESIGNED BY: G. JACOBS

DRAWN BY: K. QUINTER

CHECKED BY: J. K. K.

PROJECT NUMBER: 21746

ISSUED FOR CONSTRUCTION: 3/09

DATE: 11/05

DESCRIPTION:

FILE NAME: 100-11.DWG

SCALE: NOT TO SCALE

DRAWING NUMBER: G-11

SHEET: 11 OF 825

PROCESS FLOW DIAGRAM 1

HAMPTON ROADS SANITATION DISTRICT
VIRGINIA BEACH, VIRGINIA
ATLANTIC TREATMENT PLANT
EXPANSION PHASE I, CONTRACT C

HDR

Hydro-Design, Inc.
 5300 Lee Road West, Suite 200
 Norfolk, VA 23502

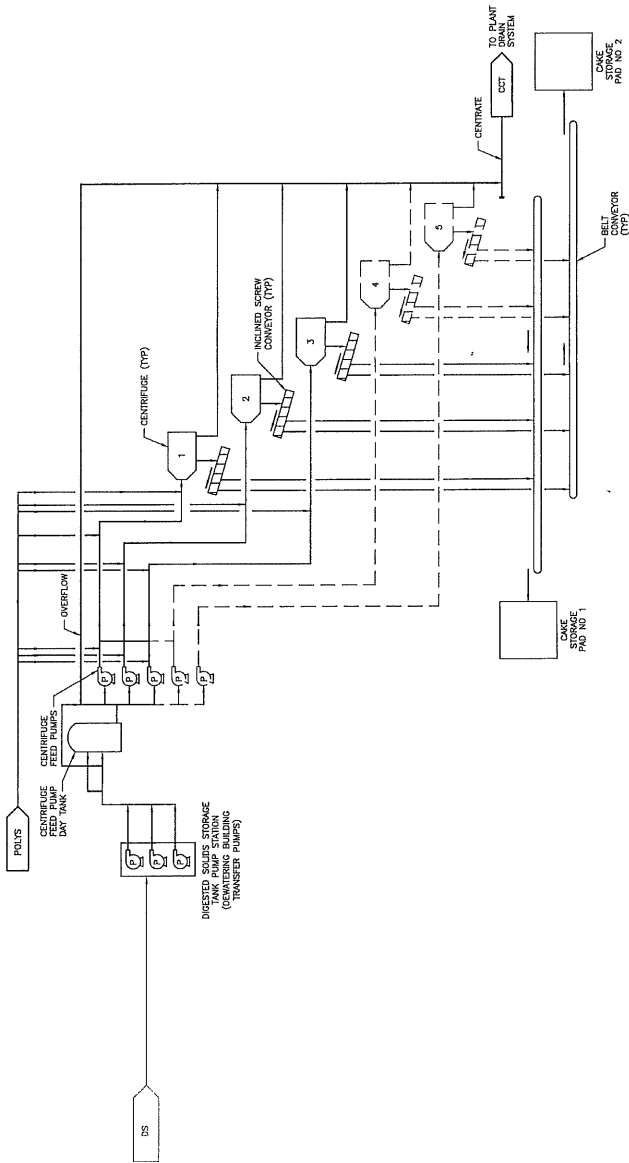
DATE: 11/05

ISSUE:

DESCRIPTION:

1 2 3 4 5 6 7 8

A B C D



HDR
Hydro-Engineering, Inc.
5000 Lake Shore Drive
Northbrook, IL 60062

ISSUE	DATE	DESCRIPTION
C	3/07	ISSUED FOR CONSTRUCTION
C	11/06	ISSUED FOR CONSTRUCTION

PROJECT MANAGER: W. LUCY
DESIGNED BY: A. RODRIGUEZ
DRAWN BY: T. WALSHAN
CHECKED BY: [Signature]
PROJECT NUMBER: 21766



HAMPTON ROADS SANITATION DISTRICT
VIRGINIA BEACH, VIRGINIA
ATLANTIC TREATMENT PLANT
EXPANSION PHASE I, CONTRACT C

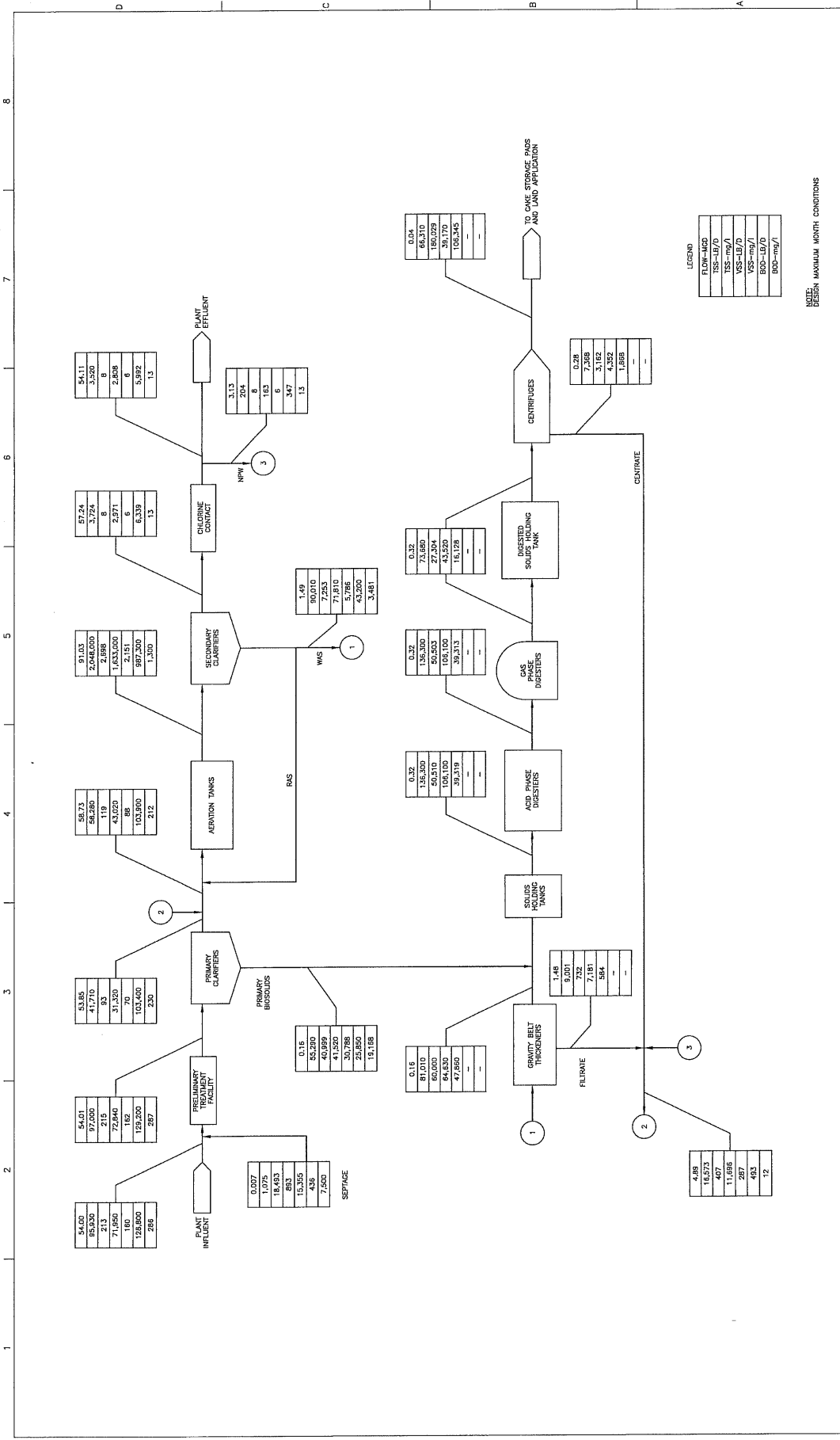
PROCESS FLOW DIAGRAM 3



FILENAME: 100-13.DWG
SCALE: NOT TO SCALE

DRAWING NUMBER
G-13

SHEET 13 OF 825



HDR Engineering, Inc.
10000 Old Branch Road
Suite 200
Newport, VA 22082

HAMPTON ROADS SANITATION DISTRICT
VIRGINIA BEACH, VIRGINIA

ATLANTIC TREATMENT PLANT
EXPANSION PHASE I, CONTRACT C

PROJECT MANAGER: W. MCCOY
DESIGNED BY: G. JACOBS
DRAWN BY: K. QUATTLEBAM
CHECKED BY: J. HARRIS

ISSUE DATE DESCRIPTION

C	3/07	ISSUED FOR CONSTRUCTION
A	11/06	ISSUED FOR BID

PROCESS MASS BALANCE DIAGRAM

FILENAME: 100-15.DWG
SCALE: NOT TO SCALE

DRAWING NUMBER: G-15
SHEET: 15 OF 825

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

Atlantic STP VA0081248

- c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

- d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction	___/___/___	___/___/___
– End construction	___/___/___	___/___/___
– Begin discharge	___/___/___	___/___/___
– Attain operational level	___/___/___	___/___/___

- e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____Yes ____No

Describe briefly: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL Report Limit
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	38.5	mg/l	33.6	mg/l	10	Lach10-107-061C	4.00, 4.00, 2.00*
CHLORINE (TOTAL RESIDUAL, TRC)	4.22	mg/l	1.37	mg/l	850	SM4500 Cl G	0.10
DISSOLVED OXYGEN	5.7	mg/l	4.8	mg/l	3	YSI	0.1
TOTAL KJELDAHL NITROGEN (TKN)	44.2	mg/l	38.1	mg/l	3	Lach10-107-062I	2.5, 2.0, 5.0*
NITRATE PLUS NITRITE NITROGEN	2.99	mg/l	1.00	mg/l	3	Lach10-107-041A	0.20
OIL and GREASE	<5.0	mg/l	<5.0	mg/l	3	EPA 1664B	5.0
PHOSPHORUS (Total)	2.10	mg/l	1.18	mg/l	3	Lach10-115-011E	0.20
TOTAL DISSOLVED SOLIDS (TDS)	371	mg/l	358	mg/l	3	SM 2540 C	1.0
OTHER							

END OF PART B.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

Report Limit (RL) is the lowest concentration at which quantitation is demonstrated.

*RL varied with sample date. All applicable RLs listed.

FACILITY NAME AND PERMIT NUMBER:

Atlantic STP VA0081248

Form Approved 1/14/99
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART C. CERTIFICATION**

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:☒ Basic Application Information packet

Supplemental Application Information packet:

☒ Part D (Expanded Effluent Testing Data)☒ Part E (Toxicity Testing: Biomonitoring Data)☒ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)☐ Part G (Combined Sewer Systems)**ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Edward G. Henifin, P.E.Signature Telephone number (757) 460-4242Date signed 7/17/2016

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

Atlantic STP VA0081248

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL Report Limit
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY dissolved	<20.0	ug/l			<20.0	ug/l			3	EPA 200.8	20.0
ARSENIC dissolved	<20.0	ug/l			<20.0	ug/l			3	EPA 200.8	20.0
BERYLLIUM dissolved	<1.00	ug/l			<1.00	ug/l			3	EPA 200.8	1.00
CADMIUM dissolved	<2.00	ug/l			<2.00	ug/l			3	EPA 200.8	2.00
CHROMIUM dissolved	<10.0	ug/l			<10.0	ug/l			3	EPA 200.8	10.0
COPPER dissolved	<10.0	ug/l			<10.0	ug/l			3	EPA 200.8	10.0
LEAD dissolved	<30.0	ug/l			<30.0	ug/l			3	EPA 200.8	30.0
MERCURY dissolved	<0.20	ug/l			<0.20	ug/l			3	EPA 245.1	0.10 & 0.20
NICKEL dissolved	2.70	ug/l			0.90	ug/l			3	EPA 200.8	2.00
SELENIUM dissolved	<10.0	ug/l			<10.0	ug/l			3	EPA 200.8	10.0
SILVER dissolved	<2.00	ug/l			<2.00	ug/l			3	EPA 200.8	2.00
THALLIUM dissolved	<1.00	ug/l			<1.00	ug/l			3	EPA 200.8	1.00
ZINC dissolved	<20.0	ug/l			<20.0	ug/l			3	EPA 200.8	20.0
CYANIDE total	12	ug/l			4	ug/l			3	L 10-204-00-1X	<5, <10
TOTAL PHENOLIC COMPOUNDS	<10.0	ug/l			<10.0	ug/l			3	L 10-210-00-1B	10.0
HARDNESS (AS CaCO ₃)	88.8	CaCO ₃ /l			85.1	CaCO ₃ /l			3	SM 2340B	6.62, 1.16
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

Report Limit is lowest concentration at which quantitation is demonstrated.

EPA Form 3510-2A (Rev. 1-99). Replaces EPA forms 7550-6 & 7550-22.

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FACILITY NAME AND PERMIT NUMBER:

Atlantic STP VA0081248

Form Approved 1/14/99
OMB Number 2040-0086Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL Report Limit
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN	<50.0	ug/l			<50.0	ug/l			3	EPA 624	10.0 & 50.0*
ACRYLONITRILE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
BENZENE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
BROMOFORM	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
CARBON TETRACHLORIDE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
CLOROBENZENE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
CHLORODIBROMO-METHANE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
CHLOROETHANE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
2-CHLORO-ETHYLVINYL ETHER	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
CHLOROFORM	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
DICHLOROBROMO-METHANE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
1,1-DICHLOROETHANE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
1,2-DICHLOROETHANE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
TRANS-1,2-DICHLORO-ETHYLENE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
1,1-DICHLOROETHYLENE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
1,2-DICHLOROPROPANE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
1,3-DICHLORO-PROPYLENE	<20.0	ug/l			<20.0	ug/l			3	EPA 624	20.0
ETHYLBENZENE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
METHYL BROMIDE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
METHYL CHLORIDE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
METHYLENE CHLORIDE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
1,1,2,2-TETRACHLORO-ETHANE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
TETRACHLORO-ETHYLENE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
TOLUENE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0

Report Limit is lowest concentration at which quantitation is demonstrated.

EPA Form 3510-2A (Rev. 1-99). Replaces EPA forms 7550-6 & 7550-22.

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*One Acrolein sample was reported as <10 ug/l. Two samples reported as <50 ug/l.

FACILITY NAME AND PERMIT NUMBER:

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Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL Report Limit
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
1,1,2-TRICHLOROETHANE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
TRICHLOROETHYLENE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
VINYL CHLORIDE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0

Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.

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ACID-EXTRACTABLE COMPOUNDS

P-CHLORO-M-CRESOL	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
2-CHLOROPHENOL	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
2,4-DICHLOROPHENOL	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
2,4-DIMETHYLPHENOL	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
4,6-DINITRO-O-CRESOL	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
2,4-DINITROPHENOL	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
2-NITROPHENOL	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
4-NITROPHENOL	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
PENTACHLOROPHENOL	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
PHENOL	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
2,4,6-TRICHLOROPHENOL	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0

Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.

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BASE-NEUTRAL COMPOUNDS.

ACENAPHTHENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
ACENAPHTHYLENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
ANTHRACENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
BENZIDINE	<5.00	ug/l			<5.00	ug/l			3	EPA 625	5.00
BENZO(A)ANTHRACENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
BENZO(A)PYRENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0

FACILITY NAME AND PERMIT NUMBER:

Atlantic STP VA0081248

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL Report Limit
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
BENZO(GHI)PERYLENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
BENZO(K)FLUORANTHENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
BIS (2-CHLOROETHOXY) METHANE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
BIS (2-CHLOROETHYL)-ETHER	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
BIS (2-CHLOROISO-PROPYL) ETHER	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
BIS (2-ETHYLHEXYL) PHTHALATE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
4-BROMOPHENYL PHENYL ETHER	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
BUTYL BENZYL PHTHALATE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
2-CHLORONAPHTHALENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
4-CHLORPHENYL PHENYL ETHER	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
CHRYSENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
DI-N-BUTYL PHTHALATE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
DI-N-OCTYL PHTHALATE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
DIBENZO(A,H) ANTHRACENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
1,2-DICHLOROBENZENE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
1,3-DICHLOROBENZENE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
1,4-DICHLOROBENZENE	<10.0	ug/l			<10.0	ug/l			3	EPA 624	10.0
3,3-DICHLOROBENZIDINE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
DIETHYL PHTHALATE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
DIMETHYL PHTHALATE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
2,4-DINITROTOLUENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
2,6-DINITROTOLUENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
1,2-DIPHENYLHYDRAZINE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0

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Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL Report Limit
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
FLUORENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
HEXACHLOROBENZENE	<2.00	ug/l			<2.00	ug/l			3	EPA 625	2.00
HEXACHLOROBUTADIENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
HEXACHLOROCYCLO-PENTADIENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
HEXACHLOROETHANE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
INDENO(1,2,3-CD)PYRENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
ISOPHORONE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
NAPHTHALENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
NITROBENZENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
N-NITROSODI-N-PROPYLAMINE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
N-NITROSODI- METHYLAMINE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
N-NITROSODI-PHENYLAMINE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
PHENANTHRENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
PYRENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0
1,2,4-TRICHLOROBENZENE	<10.0	ug/l			<10.0	ug/l			3	EPA 625	10.0

Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.

--	--	--	--	--	--	--	--	--	--	--	--

Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.

--	--	--	--	--	--	--	--	--	--	--	--

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

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SUPPLEMENTAL APPLICATION INFORMATION**PART E. TOXICITY TESTING DATA**

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

____chronic 10acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: _____ Test number: _____ Test number: _____

a. Test information.

Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			

b. Give toxicity test methods followed.

Manual title			
Edition number and year of publication			
Page number(s)			

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite			
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection			
After dechlorination			

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Test number: _____

Test number: _____

Test number: _____

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity

Acute toxicity

g. Provide the type of test performed.

Static

Static-renewal

Flow-through

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water

Receiving water

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water

Salt water

j. Give the percentage effluent used for all concentrations in the test series.

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH

Salinity

Temperature

Ammonia

Dissolved oxygen

l. Test Results.

Acute:

Percent survival in 100%
effluent

%

%

%

LC₅₀

95% C.I.

%

%

%

Control percent survival

%

%

%

Other (describe)

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Chronic:			
NOEC	%	%	%
IC ₂₅	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.			
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____ Yes ☒ No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

10/31/2012; 12/18/2013; 01/05/2015; 08/10/2015; 04/14/2016

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

All tests met the water quality based decision criterion of acute LC50>3% effluent. See attachment #1 for more information.

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

☒ Yes ☐ No

F.2. **Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 3

b. Number of CIUs. 1

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Controls Corporation of America

Mailing Address: 1501 Harpers Road Virginia Beach, VA 23454

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Manufacturer of compressed gas equipment. Metal finishing operations.

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Welding equipment, torches, regulators, flow meters

Raw material(s): Copper, brass, aluminum, stainless steel

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

4700 gpd (☐ continuous or ☒ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

2000 gpd (☐ continuous or ☒ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☒ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?

Metal Finishing 433

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F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No

If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☒ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

☐ Truck ☐ Rail ☐ Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste NumberAmountUnits

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

☐ Yes (complete F.13 through F.15.)☒ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

☐ Yes ☐ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

☐ Continuous☐ Intermittent

If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

☒ Yes ☐ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 3

b. Number of CIUs. 1

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Department of the Navy, Naval Air Station Oceana

Mailing Address: 1510 Gilbert Street Building N26, Rm 3208, Norfolk, VA 23511

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

National Security, Air Support, Training Center

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): None

Raw material(s): None

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

84,000 gpd (☒ continuous or ☐ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

453,000 gpd (☒ continuous or ☐ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☐ Yes ☒ No

If subject to categorical pretreatment standards, which category and subcategory?

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F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No

If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☒ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

☐ Truck ☐ Rail ☐ Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste NumberAmountUnits

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

☐ Yes (complete F.13 through F.15.)☒ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

☐ Yes ☐ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

☐ Continuous☐ Intermittent

If intermittent, describe discharge schedule.

END OF PART F.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

☒ Yes ☐ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

- a. Number of non-categorical SIUs. 3
- b. Number of CIUs. 1

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: City of Virginia Beach, Landfill #2

Mailing Address: 1989 Jake Sears Road
Virginia Beach, VA 23464

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Municipal Landfill Leachate

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): None

Raw material(s): None

F.6. Flow Rate.

- a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

255,000 gpd (☐ continuous or ☒ intermittent)

- b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

0 gpd (☐ continuous or ☒ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

- a. Local limits ☒ Yes ☐ No
- b. Categorical pretreatment standards ☐ Yes ☒ No

If subject to categorical pretreatment standards, which category and subcategory?

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F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No

If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☒ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

☐ Truck☐ Rail☐ Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste NumberAmountUnits**CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:**

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

☐ Yes (complete F.13 through F.15.)☒ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

☐ Yes ☐ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

☐ Continuous☐ Intermittent

If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

☒ Yes ☐ No

F.2. **Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.

- a. Number of non-categorical SIUs. 3
- b. Number of CIUs. 1

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: YUPO Corporation America

Mailing Address: 800 Yupo Court
Chesapeake, VA 23320

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Synthetic paper manufacturing

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Synthetic Paper

Raw material(s): Polypropylene, polyethylene, calcium carbonate, titanium dioxide

F.6. **Flow Rate.**

- a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

32,000 gpd (☒ continuous or ☐ intermittent)

- b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

2,000 gpd (☒ continuous or ☐ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☐ Yes ☒ No

If subject to categorical pretreatment standards, which category and subcategory?

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F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No

If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☒ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

☐ Truck☐ Rail☐ Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste NumberAmountUnits

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

☐ Yes (complete F.13 through F.15.)☒ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

☐ Yes ☐ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

☐ Continuous☐ Intermittent

If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

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Not Applicable

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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

- All CSO discharge points.
- Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
- Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

- Locations of major sewer trunk lines, both combined and separate sanitary.
- Locations of points where separate sanitary sewers feed into the combined sewer system.
- Locations of in-line and off-line storage structures.
- Locations of flow-regulating devices.
- Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

- Outfall number _____
- Location
(City or town, if applicable) _____ (Zip Code) _____
(County) _____ (State) _____
(Latitude) _____ (Longitude) _____
- Distance from shore (if applicable) _____ ft.
- Depth below surface (if applicable) _____ ft.
- Which of the following were monitored during the last year for this CSO?
____ Rainfall ____ CSO pollutant concentrations ____ CSO frequency
____ CSO flow volume ____ Receiving water quality
- How many storm events were monitored during the last year? _____

G.4. CSO Events.

- Give the number of CSO events in the last year.
_____ events (____ actual or ____ approx.)
- Give the average duration per CSO event.
_____ hours (____ actual or ____ approx.)

FACILITY NAME AND PERMIT NUMBER:

Atlantic STP VA0081248

Not Applicable

Form Approved 1/14/99
OMB Number 2040-0086

- c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

- d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: _____

- b. Name of watershed/river/stream system: _____

United States Soil Conservation Service 14-digit watershed code (if known): _____

- c. Name of State Management/River Basin: _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

_____**END OF PART G.****REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE.**

**VIRGINIA DEQ NO EXPOSURE CERTIFICATION
FOR EXCLUSION FROM VPDES STORM WATER PERMITTING**

Submission of this **No Exposure Certification** constitutes notice that the entity identified below does not require permit authorization for its storm water discharges associated with industrial activity under the VPDES Permit Program due to the existence of a condition of **No Exposure**.

A condition of **No Exposure** exists at an industrial facility when all industrial materials and activities are protected by a storm resistant shelter to prevent exposure to rain, snow, snowmelt, and/or runoff. Industrial materials or activities include, but are not limited to, material handling equipment or activities, industrial machinery, raw materials, intermediate products, by-products, final products, or waste products. Material handling activities include the storage, loading and unloading, transportation, or conveyance of any raw material, intermediate product, final product or waste product. A storm resistant shelter is not required for the following industrial materials and activities:

- drums, barrels, tanks, and similar containers that are tightly sealed, provided those containers are not deteriorated and do not leak. "Sealed" means banded or otherwise secured and without operational taps or valves;
- adequately maintained vehicles used in material handling; and
- final products, other than products that would be mobilized in storm water discharges (e.g., rock salt).

A No Exposure Certification must be provided for each facility qualifying for the No Exposure exclusion. In addition, the exclusion from VPDES permitting is available on a facility-wide basis only, not for individual outfalls. If any industrial activities or materials are or will be exposed to precipitation, the facility is not eligible for the No Exposure exclusion.

By signing and submitting this No Exposure Certification form, the entity below is certifying that a condition of No Exposure exists at its facility or site, and is obligated to comply with the terms and conditions at 9 VAC 25-31-120 E (the VPDES Permit Regulation).

Please Type or Print All Information. ALL INFORMATION ON THIS FORM MUST BE PROVIDED.

1. Facility Operator Information

Name: Hampton Roads Sanitation District

Mailing Address: 1434 Air Rail Avenue

City: Virginia Beach State: VA Zip: 23455 Phone: 757-460-2261

2. Facility/Site Location Information

Facility Name: Atlantic STP

Address: 645 Firefall Drive

City: Virginia Beach State: VA Zip: 23454

County Name: NA

Latitude: 36 46' 15" N Longitude: 75 58' 15" N

3. Was the facility or site previously covered under a VPDES storm water permit? Yes ☒ No ☐

If "Yes", enter the VPDES permit number: VA0081248

4. SIC/Activity Codes: Primary: 4952 Secondary (if applicable): _____

5. Total size of facility/site associated with industrial activity: 48.4 acres

6. Have you paved or roofed over a formerly exposed pervious area in order to qualify for the No Exposure exclusion? Yes ☐ No ☒

If "Yes", please indicate approximately how much area was paved or roofed. Completing this question does not disqualify you for the No Exposure exclusion. However, DEQ may use this information in considering whether storm water discharges from your site are likely to have an adverse impact on water quality, in which case you could be required to obtain permit coverage.

Less than one acre ☐ One to five acres ☐ More than five acres ☐

7. Exposure Checklist

Are any of the following materials or activities exposed to precipitation, now or in the foreseeable future? (Please check either "Yes" or "No" in the appropriate box.) **If you answer "Yes" to any of these questions (1) through (11), you are not eligible for the No Exposure exclusion.**

	Yes	No
(1) Using, storing or cleaning industrial machinery or equipment, and areas where residuals from using, storing or cleaning industrial machinery or equipment remain and are exposed to storm water	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2) Materials or residuals on the ground or in storm water inlets from spill/leaks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(3) Materials or products from past industrial activity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(4) Material handling equipment (except adequately maintained vehicles)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(5) Materials or products during loading/unloading or transporting activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(6) Materials or products stored outdoors (except final products intended for outside use [e.g., new cars] where exposure to storm water does not result in the discharge of pollutants)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(7) Materials contained in open, deteriorated or leaking storage drums, barrels, tanks, and similar containers	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(8) Materials or products handled/stored on roads or railways owned or maintained by the discharger	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(9) Waste material (except waste in covered, non-leaking containers [e.g., dumpsters])	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(10) Application or disposal of process wastewater (unless otherwise permitted)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(11) Particulate matter or visible deposits of residuals from roof stacks and/or vents not otherwise regulated (i.e., under an air quality control permit) and evident in the storm water outflow	<input type="checkbox"/>	<input checked="" type="checkbox"/>

8. Certification Statement

I certify under penalty of law that I have read and understand the eligibility requirements for claiming a condition of no exposure and obtaining an exclusion from VPDES storm water permitting; and that there are no discharges of storm water contaminated by exposure to industrial activities or materials from the industrial facility identified in this document (except as allowed under 9 VAC 25-31-120 E 2).

I understand that I am obligated to submit a No Exposure Certification form once every five years to the Department of Environmental Quality and, if requested, to the operator of the local MS4 into which this facility discharges (where applicable). I understand that I must allow the Department, or MS4 operator where the discharge is into the local MS4, to perform inspections to confirm the condition of no exposure and to make such inspection reports publicly available upon request. I understand that I must obtain coverage under a VPDES permit prior to any point source discharge of storm water associated with industrial activity from the facility.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly involved in gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print Name: Edward G. Henifin, P.E.

Print Title: General Manager

Signature: 

Date: 7/19/2016

For Department of Environmental Quality Use Only

Accepted/Not Accepted by: _____ Date: _____

Instructions for the NO EXPOSURE CERTIFICATION For Exclusion from VPDES Storm Water Permitting

Who May File a No Exposure Certification

In accordance with the Clean Water Act and the State Water Control Law, all industrial facilities that discharge storm water associated with industrial activity (as defined at 9 VAC 25-31-10) must apply for coverage under a VPDES permit. However, permit coverage is not required for industrial activity storm water discharges from a facility if the discharger can certify that a condition of "no exposure" exists at the facility or site.

Obtaining and Maintaining the No Exposure Exclusion

This form is used to certify that a condition of no exposure exists at the industrial facility or site described herein. This certification must be re-submitted at least once every five years.

The industrial facility operator must maintain a condition of no exposure at the facility or site in order for the no exposure exclusion to remain applicable. If conditions change resulting in the exposure of materials and/or activities to storm water, the facility operator must immediately obtain coverage under a VPDES storm water permit.

Where To File The No Exposure Certification

Submit the completed No Exposure Certification form with original signature to the DEQ Regional Office that serves the area where your facility is located. DEQ Regional Office addresses can be obtained from DEQ's website at www.deq.virginia.gov/regions, or by calling the DEQ at (804) 698-4000.

Completing The Form

Please type or print all Information. ALL INFORMATION ON THE FORM MUST BE PROVIDED. One form must be completed for each facility or site for which you are seeking to certify a condition of no exposure.

Section 1 Facility Operator Information

Give the legal name (no nicknames or colloquial names) of the person, firm, public organization, or any other entity that operates the facility or site described in this certification. The name of the operator may or may not be the same as the name of the facility. The operator is the legal entity that controls the facility's operation, rather than the plant or site manager. Enter the complete address and telephone number of the operator.

Section 2 Facility Location Information

Enter the facility's official or legal name and complete street address. Also enter the county name and the latitude and longitude of the approximate center of the facility in degrees/minutes/seconds to the nearest 15 seconds.

Section 3 Previous VPDES Permit Coverage

Indicate whether the facility was previously covered under a VPDES storm water permit. If so, include the permit number.

Section 4 Standard Industrial Classification Codes

Enter the 4-digit SIC code which identifies the facility's primary activity, and second 4-digit SIC code identifying the facility's secondary activity, if applicable. SIC codes can be obtained from the Office of Management and Budget Standard Industrial Classification Manual, 1987.

Section 5 Facility Industrial Activity Area

Enter the total size of the site associated with industrial activity in acres.

Section 6 Formerly Exposed Pervious Area

Indicate whether you have paved or roofed over a formerly exposed, pervious area (i.e., lawn, meadow, dirt or gravel road/parking lot) in order to qualify for no exposure. If "yes", also indicate approximately how much area was paved or roofed over and is now impervious area.

Section 7 Exposure Checklist

Check "Yes" or "No" as appropriate to describe the exposure conditions at your facility. If you answer "Yes" to **ANY** of the questions (1) through (11) in this section, a potential for exposure exists at your site and you cannot certify to a condition of no exposure. You must obtain (or already have) coverage under a VPDES storm water permit. After obtaining permit coverage, you can institute modifications to eliminate the potential for a discharge of storm water exposed to industrial activity, and then certify to a condition of no exposure.

Section 8 Certification

State statutes provide for severe penalties for submitting false information on this application form. State regulations require this No Exposure Certification to be signed as follows:

For a corporation: by a responsible corporate officer, which means: (i) president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;

For a partnership or sole proprietorship: by a general partner or the proprietor; or

For a municipality, State, Federal, or other public facility: by either a principal executive or ranking elected official.

FORM
2F
NPDES



Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. Outfall Number (list)	B. Latitude			C. Longitude			D. Receiving Water (name)
002	36	46	25	-75	58	25	Lake Tecumseh
003	36	46	23	-75	58	17	Lake Tecumseh
004	36	46	21	-75	58	16	Lake Tecumseh
005	36	46	21	-75	58	16	Lake Tecumseh
006	36	46	20	-75	58	16	Lake Tecumseh
007	36	46	18	-75	58	16	Lake Tecumseh
008	36	46	16	-75	58	15	Lake Tecumseh
009	36	46	14	-75	58	15	Lake Tecumseh
010							Removed during plant expansion construction
							See attached sheet for outfalls 011 - 017

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

[illegible]

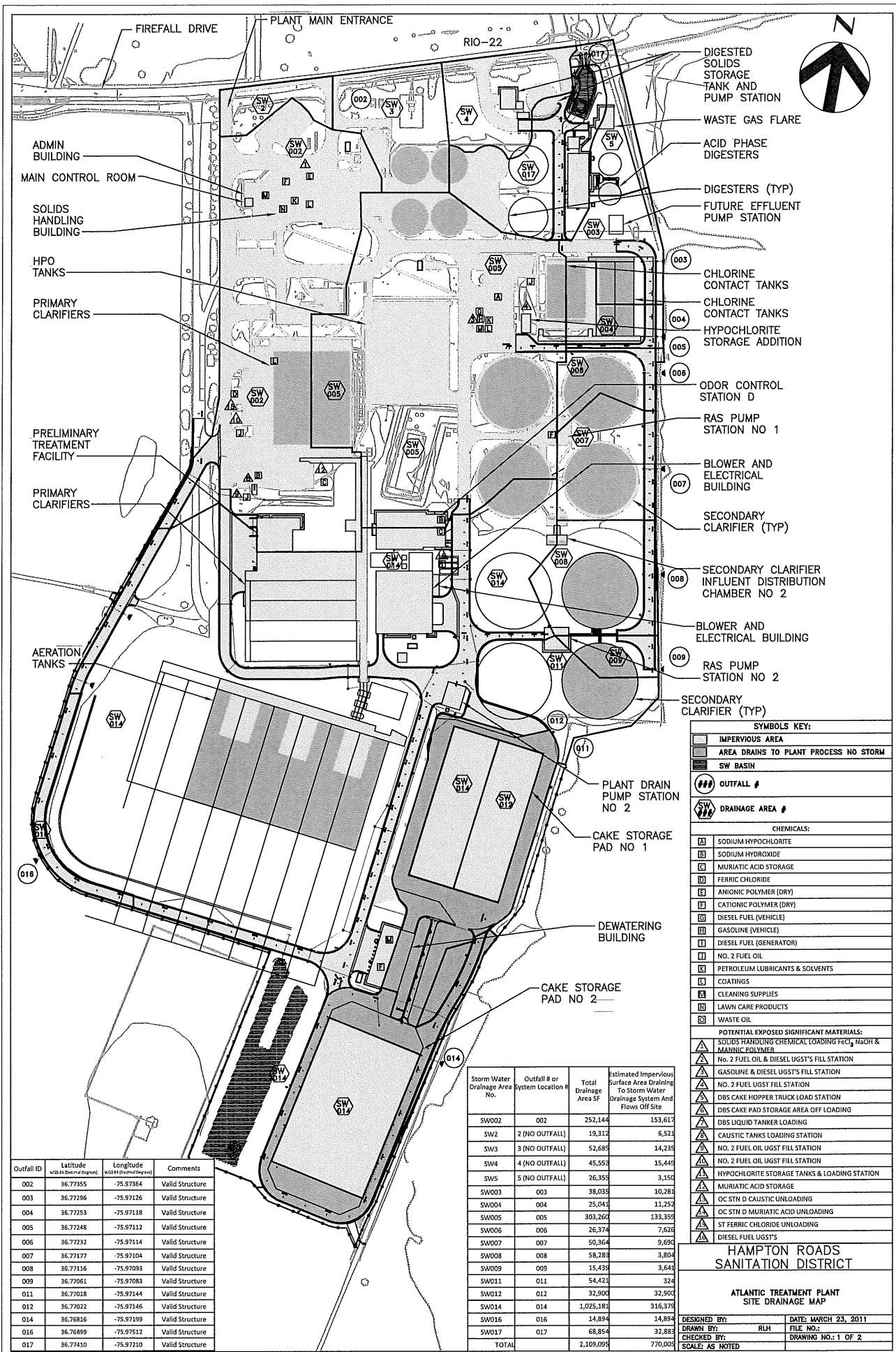
B: You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage of disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which received storm water discharges from the facility.

Atlantic STP VA0081248 Storm Water Application Attachment

I. Outfall Location

Outfall Number	Latitude			Longitude			Receiving Water
011	36	46	13	-75	58	17	Lake Tecumseh
012	36	46	13	-75	58	17	Lake Tecumseh
013							Removed during plant expansion construction
014	36	46	5	-75	58	19	Lake Tecumseh
015							Removed during plant expansion construction
016	36	46	8	-75	58	30	Lake Tecumseh
017	36	46	27	-75	58	20	Lake Tecumseh (new outfall installed during plant expansion construction)



Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
	See attached sheet for information				

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Significant materials present on the plant site are managed in accordance with storm water pollution prevention plan. Storage of all materials is accomplished in one of two scenarios; 1. Inside of building having drain systems connected to plant. or 2. Outside storage areas having containment areas and sump pumps.

Fuels are contained in double-walled underground storage tanks with release detection systems.

Chemicals on site include Sodium Hypochlorite, Sodium Hydroxide, Muriatic Acid, #2 Fuel Oil, Diesel Fuel, Propane, Polymer, Ferric Chloride, Gasoline, and Methane.

Plant has submitted no exposure certification with this application.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
All outfalls	Each drainage area has containment around each potential pollutant material. Good housekeeping procedures are employed at all sites. Biosolids are stored on sheltered concrete pads.	

V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Edward G. Henifin, General Manager		7/17/2016

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

Careful analysis of accurate schematics and annual visual inspections during dry weather conditions. Periodic inspections of outfalls conducted as outlined in storm water pollution prevention plan.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

January 26, 2014 - 55 gallons of Non-Potable Water (NPW) soaked into ground
 January 19, 2016 - 170 gallons of NPW soaked into ground
 January 20, 2016 - 25 gallons of primary digester solids soaked into ground
 March 9, 2016 - 100 gallons of NPW soaked into ground

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (ft²)	Total Area Drained (ft²)
002	153,617	252,144
003	10,281	38,035
004	11,252	25,041
005	133,359	303,260
006	7,626	26,374
007	9,690	50,364
008	3,804	58,283
009	3,641	15,439
011	324	54,421
012	32,900	32,900
014	316,379	1,025,181
016	14,894	14,894
017	32,883	68,854

Continued from Page 2

EPA ID Number (copy from Item 1 of Form 1)

VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes (list all such pollutants below)☒ No (go to Section IX)**VIII. Biological Toxicity Testing Data**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such pollutants below)☒ No (go to Section IX)**IX. Contract Analysis Information**

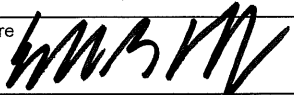
Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

☐ Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)☒ No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title (Type Or Print) Edward G. Henifin, P.E. General Manager	B. Area Code and Phone No. (757) 460-4242
C. Signature 	D. Date Signed 7/19/2016

002

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	<5.0 mg/l	N/A	<5.0 mg/l	not applicable	1	
Biological Oxygen Demand (BOD5)	<2 mg/l	<2 mg/l	<2 mg/l	<2 mg/l	1	
Chemical Oxygen Demand (COD)	<25 mg/l	<25 mg/l	<25 mg/l	<25 mg/l	1	
Total Suspended Solids (TSS)	9.5 mg/l	8.4 mg/l	9.5 mg/l	8.4 mg/l	1	
Total Nitrogen	3.20 mg/l	3.75 mg/l	3.20 mg/l	3.75 mg/l	1	
Total Phosphorus	<0.20 mg/l	<0.20 mg/l	<0.20 mg/l	<0.20 mg/l	1	
pH	Minimum 7.6	Maximum 9.0	Minimum	Maximum	1	

[illegible]

003

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	<5.0 mg/l	N/A	<5.0 mg/l	not applicable	1	
Biological Oxygen Demand (BOD5)	<2 mg/l	<2 mg/l	<2 mg/l	<2 mg/l	1	
Chemical Oxygen Demand (COD)	<25 mg/l	<25 mg/l	<25 mg/l	<25 mg/l	1	
Total Suspended Solids (TSS)	9.5 mg/l	8.4 mg/l	9.5 mg/l	8.4 mg/l	1	
Total Nitrogen	3.20 mg/l	3.75 mg/l	3.20 mg/l	3.75 mg/l	1	
Total Phosphorus	<0.20 mg/l	<0.20 mg/l	<0.20 mg/l	<0.20 mg/l	1	
pH	Minimum 7.6	Maximum 9.0	Minimum	Maximum	1	

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

[illegible]

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Part B –	List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.
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EPA Form 3510-2F (1-92) Page VII-1 Continue on Reverse

005

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	<5.0 mg/l	N/A	<5.0 mg/l	not applicable	1	
Biological Oxygen Demand (BOD5)	<2 mg/l	<2 mg/l	<2 mg/l	<2 mg/l	1	
Chemical Oxygen Demand (COD)	<25 mg/l	<25 mg/l	<25 mg/l	<25 mg/l	1	
Total Suspended Solids (TSS)	9.5 mg/l	8.4 mg/l	9.5 mg/l	8.4 mg/l	1	
Total Nitrogen	3.20 mg/l	3.75 mg/l	3.20 mg/l	3.75 mg/l	1	
Total Phosphorus	<0.20 mg/l	<0.20 mg/l	<0.20 mg/l	<0.20 mg/l	1	
pH	Minimum 7.6	Maximum 9.0	Minimum	Maximum	1	

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

[illegible]

006

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	<5.0 mg/l	N/A	<5.0 mg/l	not applicable	1	
Biological Oxygen Demand (BOD5)	<2 mg/l	<2 mg/l	<2 mg/l	<2 mg/l	1	
Chemical Oxygen Demand (COD)	<25 mg/l	<25 mg/l	<25 mg/l	<25 mg/l	1	
Total Suspended Solids (TSS)	9.5 mg/l	8.4 mg/l	9.5 mg/l	8.4 mg/l	1	
Total Nitrogen	3.20 mg/l	3.75 mg/l	3.20 mg/l	3.75 mg/l	1	
Total Phosphorus	<0.20 mg/l	<0.20 mg/l	<0.20 mg/l	<0.20 mg/l	1	
pH	Minimum 7.6	Maximum 9.0	Minimum	Maximum	1	

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

[illegible]

007

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	<5.0 mg/l	N/A	<5.0 mg/l	not applicable	1	
Biological Oxygen Demand (BOD5)	<2 mg/l	<2 mg/l	<2 mg/l	<2 mg/l	1	
Chemical Oxygen Demand (COD)	<25 mg/l	<25 mg/l	<25 mg/l	<25 mg/l	1	
Total Suspended Solids (TSS)	9.5 mg/l	8.4 mg/l	9.5 mg/l	8.4 mg/l	1	
Total Nitrogen	3.20 mg/l	3.75 mg/l	3.20 mg/l	3.75 mg/l	1	
Total Phosphorus	<0.20 mg/l	<0.20 mg/l	<0.20 mg/l	<0.20 mg/l	1	
pH	Minimum 7.6	Maximum 9.0	Minimum	Maximum	1	

[illegible]

008

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	<5.0 mg/l	N/A	<5.0 mg/l	not applicable	1	
Biological Oxygen Demand (BOD5)	<2 mg/l	<2 mg/l	<2 mg/l	<2 mg/l	1	
Chemical Oxygen Demand (COD)	<25 mg/l	<25 mg/l	<25 mg/l	<25 mg/l	1	
Total Suspended Solids (TSS)	9.5 mg/l	8.4 mg/l	9.5 mg/l	8.4 mg/l	1	
Total Nitrogen	3.20 mg/l	3.75 mg/l	3.20 mg/l	3.75 mg/l	1	
Total Phosphorus	<0.20 mg/l	<0.20 mg/l	<0.20 mg/l	<0.20 mg/l	1	
pH	Minimum 7.6	Maximum 9.0	Minimum	Maximum	1	

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

[illegible]

009

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	<5.0 mg/l	N/A	<5.0 mg/l	not applicable	1	
Biological Oxygen Demand (BOD5)	<2 mg/l	<2 mg/l	<2 mg/l	<2 mg/l	1	
Chemical Oxygen Demand (COD)	<25 mg/l	<25 mg/l	<25 mg/l	<25 mg/l	1	
Total Suspended Solids (TSS)	9.5 mg/l	8.4 mg/l	9.5 mg/l	8.4 mg/l	1	
Total Nitrogen	3.20 mg/l	3.75 mg/l	3.20 mg/l	3.75 mg/l	1	
Total Phosphorus	<0.20 mg/l	<0.20 mg/l	<0.20 mg/l	<0.20 mg/l	1	
pH	Minimum 7.6	Maximum 9.0	Minimum	Maximum	1	

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

[illegible]

011

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	<5.0 mg/l	N/A	<5.0 mg/l	not applicable	1	
Biological Oxygen Demand (BOD ₅)	<2 mg/l	<2 mg/l	<2 mg/l	<2 mg/l	1	
Chemical Oxygen Demand (COD)	<25 mg/l	<25 mg/l	<25 mg/l	<25 mg/l	1	
Total Suspended Solids (TSS)	9.5 mg/l	8.4 mg/l	9.5 mg/l	8.4 mg/l	1	
Total Nitrogen	3.20 mg/l	3.75 mg/l	3.20 mg/l	3.75 mg/l	1	
Total Phosphorus	<0.20 mg/l	<0.20 mg/l	<0.20 mg/l	<0.20 mg/l	1	
pH	Minimum 7.6	Maximum 9.0	Minimum	Maximum	1	

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

[illegible]

012

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	<5.0 mg/l	N/A	<5.0 mg/l	not applicable	1	
Biological Oxygen Demand (BOD5)	<2 mg/l	<2 mg/l	<2 mg/l	<2 mg/l	1	
Chemical Oxygen Demand (COD)	<25 mg/l	<25 mg/l	<25 mg/l	<25 mg/l	1	
Total Suspended Solids (TSS)	9.5 mg/l	8.4 mg/l	9.5 mg/l	8.4 mg/l	1	
Total Nitrogen	3.20 mg/l	3.75 mg/l	3.20 mg/l	3.75 mg/l	1	
Total Phosphorus	<0.20 mg/l	<0.20 mg/l	<0.20 mg/l	<0.20 mg/l	1	
pH	Minimum 7.6	Maximum 9.0	Minimum	Maximum	1	

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

[illegible]

014

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	<5.0 mg/l	N/A	<5.0 mg/l	not applicable	1	
Biological Oxygen Demand (BOD5)	<2 mg/l	<2 mg/l	<2 mg/l	<2 mg/l	1	
Chemical Oxygen Demand (COD)	<25 mg/l	<25 mg/l	<25 mg/l	<25 mg/l	1	
Total Suspended Solids (TSS)	9.5 mg/l	8.4 mg/l	9.5 mg/l	8.4 mg/l	1	
Total Nitrogen	3.20 mg/l	3.75 mg/l	3.20 mg/l	3.75 mg/l	1	
Total Phosphorus	<0.20 mg/l	<0.20 mg/l	<0.20 mg/l	<0.20 mg/l	1	
pH	Minimum 7.6	Maximum 9.0	Minimum	Maximum	1	

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

[illegible]

016

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	<5.0 mg/l	N/A	<5.0 mg/l	not applicable	1	
Biological Oxygen Demand (BOD5)	<2 mg/l	<2 mg/l	<2 mg/l	<2 mg/l	1	
Chemical Oxygen Demand (COD)	<25 mg/l	<25 mg/l	<25 mg/l	<25 mg/l	1	
Total Suspended Solids (TSS)	9.5 mg/l	8.4 mg/l	9.5 mg/l	8.4 mg/l	1	
Total Nitrogen	3.20 mg/l	3.75 mg/l	3.20 mg/l	3.75 mg/l	1	
Total Phosphorus	<0.20 mg/l	<0.20 mg/l	<0.20 mg/l	<0.20 mg/l	1	
pH	Minimum 7.6	Maximum 9.0	Minimum	Maximum	1	

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

[illegible]

017

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	<5.0 mg/l	N/A	<5.0 mg/l	not applicable	1	
Biological Oxygen Demand (BOD5)	<2 mg/l	<2 mg/l	<2 mg/l	<2 mg/l	1	
Chemical Oxygen Demand (COD)	<25 mg/l	<25 mg/l	<25 mg/l	<25 mg/l	1	
Total Suspended Solids (TSS)	9.5 mg/l	8.4 mg/l	9.5 mg/l	8.4 mg/l	1	
Total Nitrogen	3.20 mg/l	3.75 mg/l	3.20 mg/l	3.75 mg/l	1	
Total Phosphorus	<0.20 mg/l	<0.20 mg/l	<0.20 mg/l	<0.20 mg/l	1	
pH	Minimum 7.6	Maximum 9.0	Minimum	Maximum	1	

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

[illegible]

Continued from the Front

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gallons/minute or specify units)	6. Total flow from rain event (gallons or specify units)
3/20/2015	720	0.43	120	20	9201

7. Provide a description of the method of flow measurement or estimate.

ISCO 4250 Flowmeter (Area Velocity meter). Monitoring conducted at storm water outfall 002. The collected runoff is representative of that from all of the plant storm water outfalls.

**VPDES/VPA Permit Billing Information Form
for Annual Maintenance Fee**

Facility Name: HRSD - Atlantic Sewage Treatment Plant

Permit Number: VA0081248

**Person / Organization
to be billed:** Hampton Roads Sanitation District

Billing Address: 1434 Air Rail Ave.

Virginia Beach, VA 23455

Billing Contact Name: Jamie Heisig-Mitchell

Title: Chief, Technical Services Division

Phone Number: 757-460-4220

E-Mail Address: jmitchell@hrsd.com

**AUTHORIZATION TO BILL APPLICANT FOR
A PUBLIC NOTICE FOR**

Re: VPDES Permit Number VA0081248
HRSD – Atlantic Sewage Treatment Plant, Virginia Beach

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in the:

Virginian Pilot

Agent/Department to be billed: Jamie Heisig-Mitchell
HRSD Water Quality Department

Applicant's Address: 1434 Air Rail Avenue
Virginia Beach, VA 23455

Agent's Telephone Number: (757) 460-4220

I AM ALSO AUTHORIZING THE VIRGINIAN PILOT TO SEND THE AFFIDAVIT TO:

DEQ – Tidewater Regional Office
Water Permits - Attention: Ms. Cathy Jenson
5636 Southern Boulevard
Virginia Beach, Virginia 23462

Authorizing Agent/Date Signed: Jamie Heisig-Mitchell / 7.19.16
Print Name/Date Signed

Authorizing Agent's
Signature


Signature

Authorizing Agent's E-Mail Address: jmittchell@hrsd.com

RETURN COMPLETED FORM TO: DEQ – Tidewater Regional Office
Water Permits - Attention: Ms. Cathy Jenson
5636 Southern Boulevard
Virginia Beach, Virginia 23462

Cc: DEQ – TRO/file (VA0081248@ECM)